

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Lewis Rittinger

## CERTIFICATE OF DEATH

Died at <u>Jenmunge</u>		Town <u>Gamill</u>		County <u>MARYLAND</u>	
Date of death <u>1903</u>	Month <u>July</u>	Day <u>11</u>	Age <u>43</u>	Years	Months <u>9</u> Days <u>26</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birthplace <u>Maryland</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death				
<del>Married, Single or Widowed</del>	Name of Wife or Husband				
Father's Name <u>Selman Rittinger</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Rebecca Broadwater</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Charles Mupers</u>			How related to deceased	<u>Brother-in-law</u>	

## CAUSES OF DEATH

(106)

How long

10 years

How long

14 days

Primary

Indigestion

Immediate

Inflammation of Bowels &amp; Rectum

Are the name, age, sex, color, date and place correctly given above?

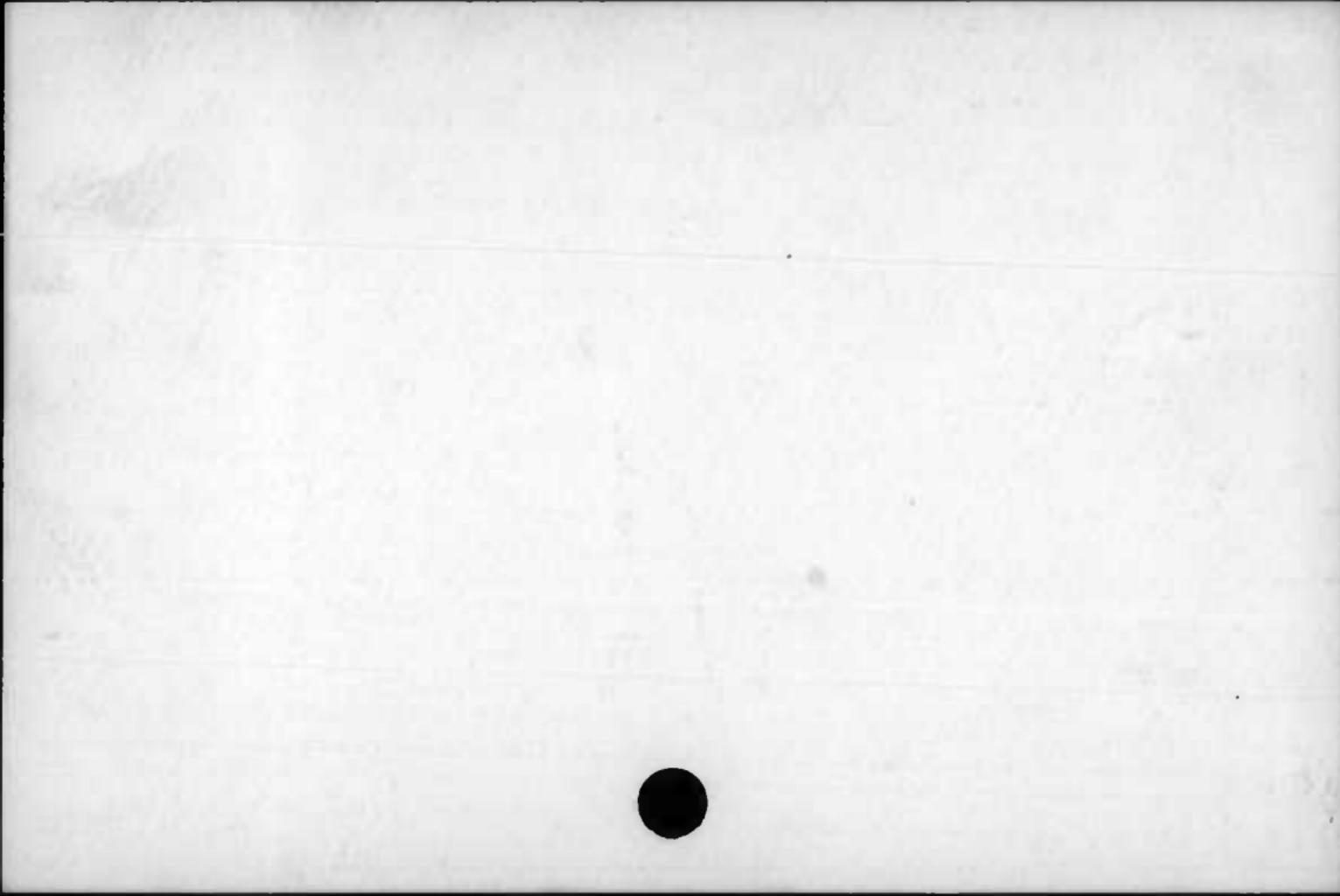
Yes

Signature of Physician

Address

F. L. Bevans  
Grantsville Md

Accident or Suicide?



Name  
in  
Full

Cane Binder

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	McHenry	Town	County	MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	33	6	
Occupation	Housewife					
Where Residing if not at place of death						
Married, Single or Widowed	Morried	Name of Wife or Husband	daniel Binder-			
Father's Name	William Custer					
Mother's Maiden Name	Elizabeth Miller					
Name of person giving information	rimrod Glattey					

CAUSES OF DEATH

27

How long

How long

Primary

Tuberculosis

Immediate

Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

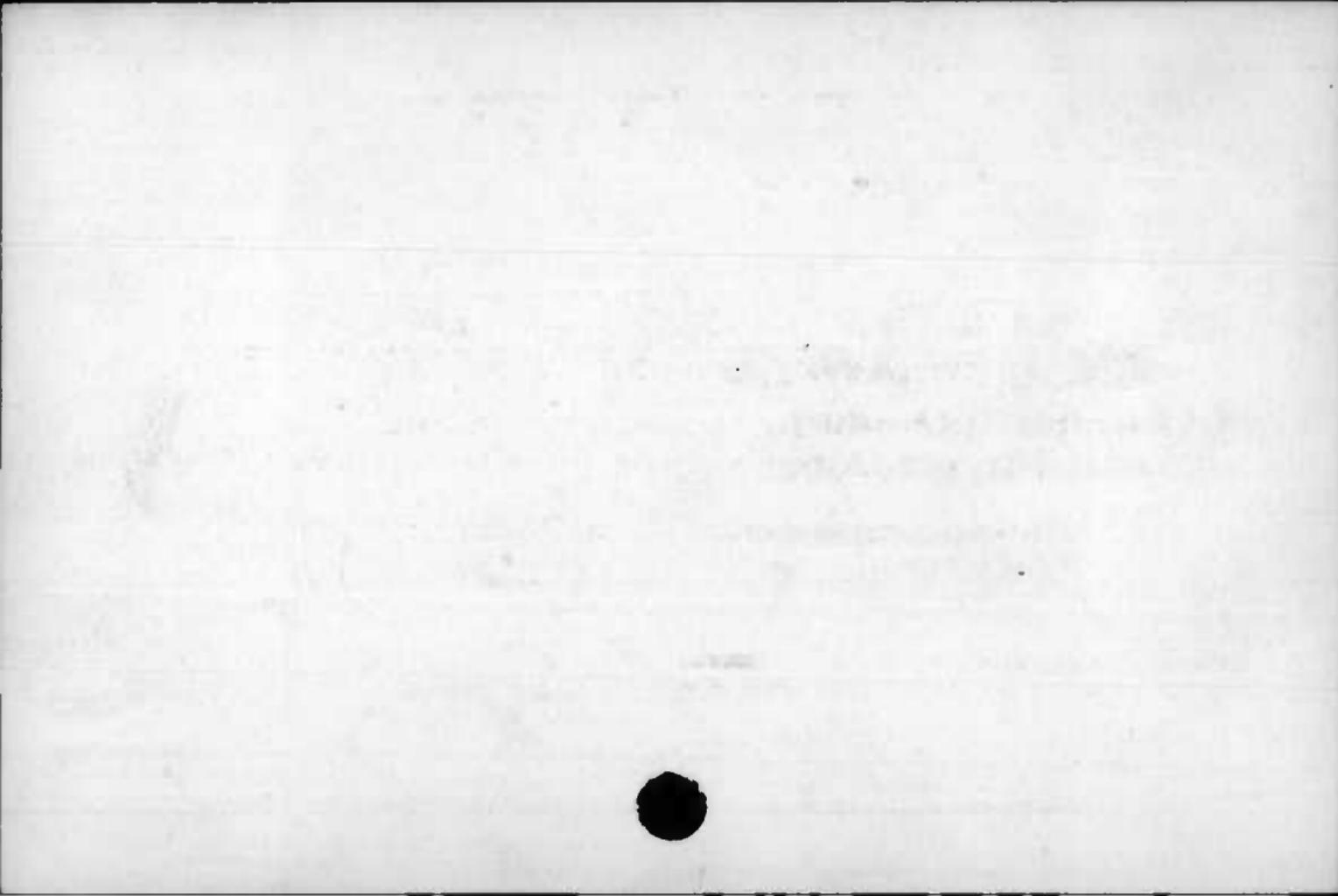
Address

H.R. Buyer M.D.

Accident

Inel

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Song Run</u>			Town <u>H</u> County <u>Hoye</u>			CERTIFICATE OF DEATH		
Date of death <u>1908</u>	Month <u>June</u>	Day <u>25</u>	Age <u>64</u>	Years <u>64</u>	Months <u>-</u>	Days <u>3</u>	MARYLAND	
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Maryland</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death							
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Louisa Hoye</u>				Father's Name <u>David Hoye</u>	Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Elisabeth Friend</u>				Mother's Name <u>Elisabeth Friend</u>	Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Harrison Friend</u>				How related to deceased <u>Anell</u>				

CAUSES OF DEATH

179

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Sang Kun

Name  
in  
Full

Elizabeth Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Age	46	-	-
Occupation	Housewife	White	Birth-place	W. Va.	
Married, Single or Widowed	Husband	Salem Lee	Swanton		
Father's Name	Elias Lipscomb	Father's Birthplace	W. Va		
Mother's Maiden Name	— Unknown	Mother's Birthplace	W. Va.		
Name of person giving Information		How related to deceased	None		

CAUSES OF DEATH

6

Don't know as I  
saw deceased, for first  
time about 12 hours before  
death.

PHYSICIAN  
OR CORONER

Primary

Weakness

Immediate

Pulmonary Edema

Are the name, age, sex, color, date  
and place correctly given above?

Yes

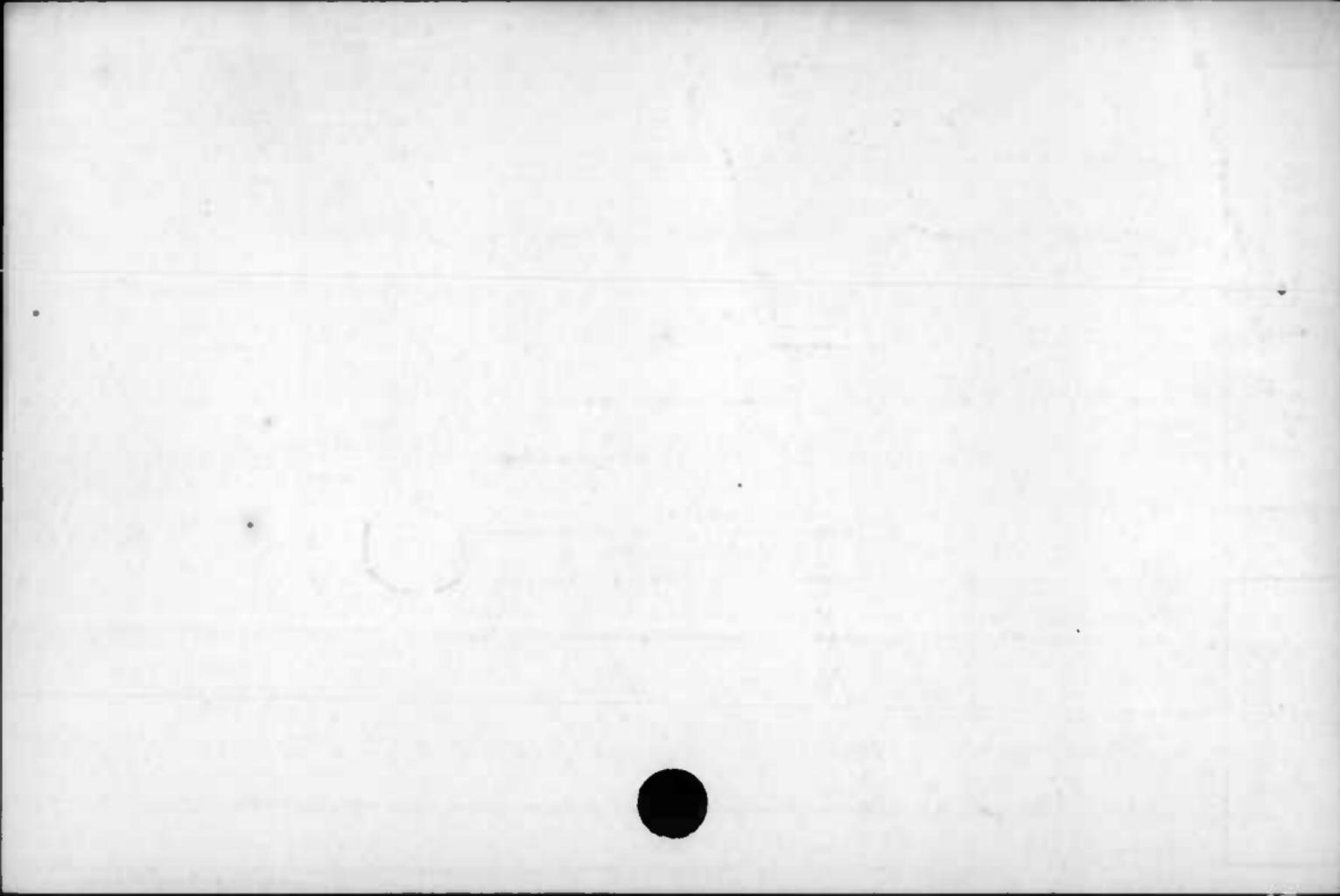
Signature of  
Physician

Dr. E. Hurley

Address

Deer Park

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Louis Pick

CERTIFICATE OF DEATH

Died at

Bethany

Town

County

MARYLAND

Date  
of death

190

Month

June

Day

28

Years

69

Months

2

Days

7

Sex

Female

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of death

Bethany and

Married, Single  
or Widowed

widow

Name of Wife or  
Husband

Jacob Pick

Father's  
Name

George Simons

Father's  
Birthplace

America

Mother's  
Maiden Name

Miss Ringer

Mother's  
Birthplace

Don't know

Name of person giving  
Information

Jacob Pick

How related  
to deceased

Son -

CAUSES OF DEATH

Primary

Nephritis

64

How long

2 years

Immediate

Uteroplacental

How long

6 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

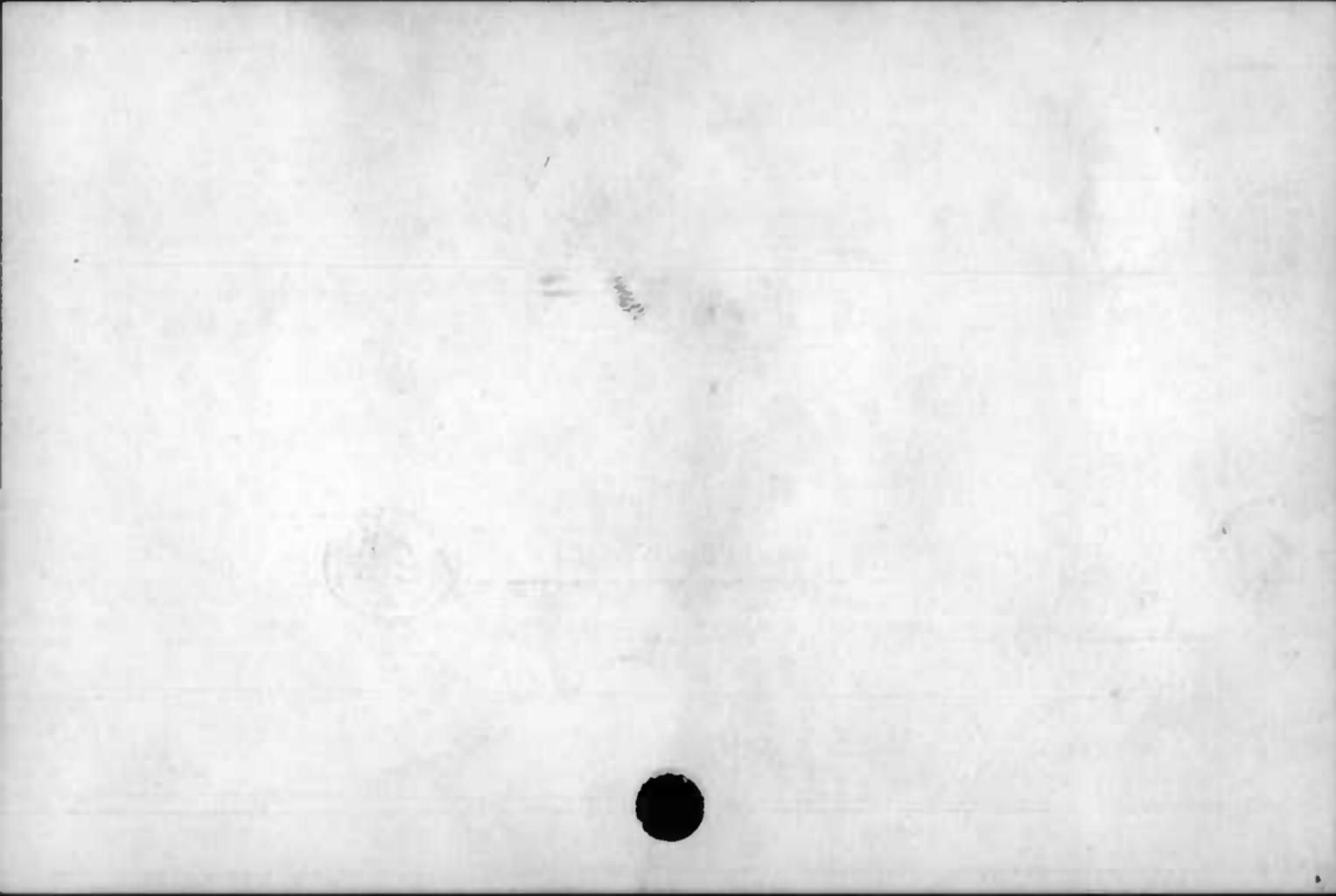
Signature of  
Physician

Address

H.R. Bayer MD.

Accident  
MD.

Accident or Suicide?



Name  
in  
Full

Sarah E Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	June	17	Age 40	4	—
Sex	Color or Race	Birth-place			
Female	white	Maryland			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Abraham Thomas			
Married	Abraham Thomas				
Father's Name	Samuel Peats				
Mother's Maiden Name	Elisabeth Hawk				
Name of person giving information	Abraham Thomas				

CAUSES OF DEATH

27

How long

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. Mason M.  
Frederick  
Md

Accident or Suicide?

John Friend cemetery

Name  
in  
Full

Charles West

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Deer Park	Garrett				
Date of death	Month	Day	Years	Months	Days
1908	June	19	69		
Sex	Male	Color or Race	White	Birth-place	Barada
Occupation	Where Residing if not at place of death				
General Laborer	Keyser West Virginia				
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
Unknown Lulu Waller Daughter					

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Bright's Disease.

How long

4 or 5 months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J.W. Langdon.

I believe so

Address

Deer Park Md

Accident or Suicide?

